ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB 1:30

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 203175

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4636333148

APPLICANT/OWNER: Bob Barton APPLICANT ADDRESS: 188 Sagemore Rd. Mooresville, NC

SITE ADDRESS: 110 E. Vista View Place Mooresville, NC PHONE: 704-453-1230 ALT. PHONE —

SITE DIRECTIONS: Brawley School Rd → L on Isle of Pines → L on Meadow Crest → R on E. Vista View → lot on R SAP CONTROLLED: ☐ YES ☑ NO

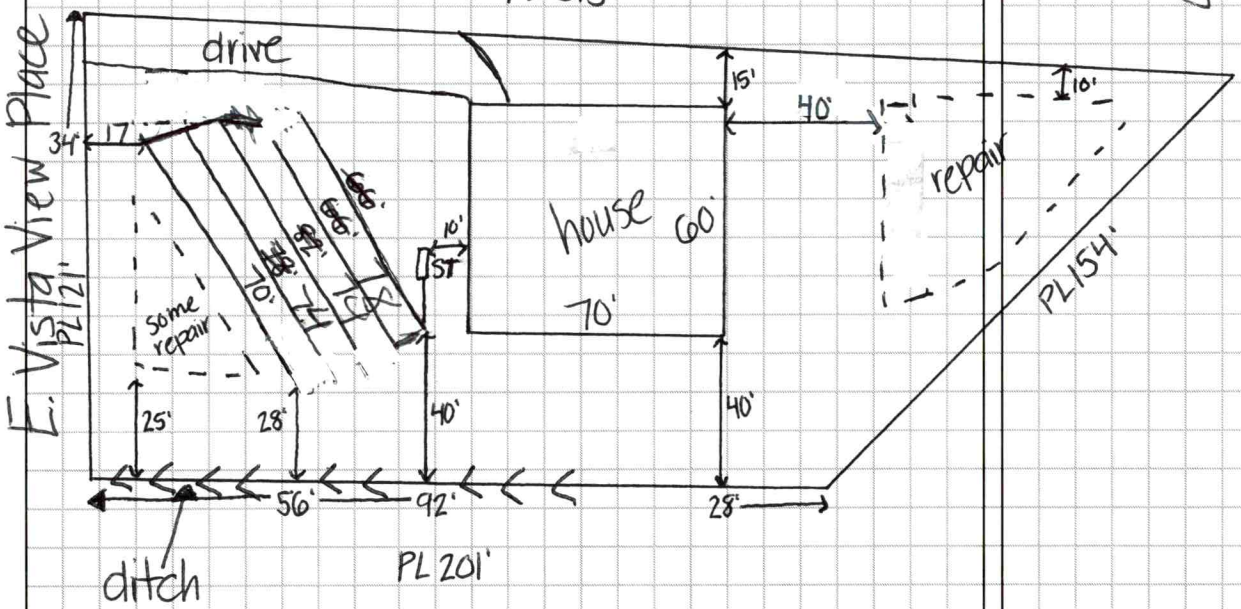
SUBDIVISION: The Village at Isle of Pines SECTION: — LOT # 20 LOT AREA: .69ac DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	10/4/19	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	30"/36" highside			Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☑ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction with serial distribution. Ok to cheat contour up to 4". *Stay 25' from ditch with any part of septic system! Water line must maintain 10' from any part of septic system. 11 1/2' from ST to house-e

INITIAL SITE SKETCH



AS BUILT SKETCH

Lowest line 17ft off front PL.
Supply line 28ft from side line

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Robert J Barton Date: 10-30-19 Installed by:

IMPROVEMENT PERMIT by: Kayla Watson Date: 10-2-19 OPERATION PERMIT by: Maia Olson Date: 4/3/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 10-2-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4636333148
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Bob Barton
ADDRESS: 110 E. Vista View Place
APPLICATION DATE 9-15-19
DATE EVALUATED: 10-1-19
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .69ac
LOCATION OF SITE: Brawley School → L on Isle of Pines → L on
PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☑ Public ☑ Well ☐ Spring ☐ Other Meadow Crest → R on E Vista View → 1st on R
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12% LS	0-9	fill	—	37-48 few YB mottles	48	—	—	PS .275
		9-13	WSBK SCL	Fi,SS,SP,SE					
		13-37	ABK C	Fi,SS,SP,SE					
		37-48	WABK CL	Fi,SS,SP,SE					
2	0-24 (other side wall) LS	0-13	fill (stump hole)		36-53 few com YB mottles	53		NOT using pit	
		13-19	WSBK SCL	Fi,SS,SP,SE					
		19-36	ABK C	Fi,S,P,SE					
		36-53	WABK CL	Fi,S,P,SE					
3	10% LS	0-6	fill	—	34-51 few-com YB mottles	51	—	—	PS .25
		6-13	WSBK SCL						
		13-34	ABK C	Fi,SS,SP,SE					
		34-51	WABK CL	Fi,SS,SP,SE					
4	8% FS	0-8	compacted	—	36-54 few YB mottles	54	—	—	PS .25
		8-40	ABK SC	Fi,SS,SP,SE					
		40-54	WSBK CL	Fi,SS,SP,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

MAS 203175

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED $500

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Bob BARTON **Address:** 1885 Agemore RD. Mooresville **Zip:** 28117
Applicant Email: bobbarton60@gmail.com **Phone:** _____ **Alt. Phone:** _____
Owner Name: _____ **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 110 EAST VISTA View Pl Mooresville 28117
Subdivision Name: Villages at Isle of Pines **Section/Phase:** _____ **Lot Number:** 20
Driving Directions: Brawley School RD. LEFT ON Isle of Pines

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1988 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

applied 24

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference (✓) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Robert J Barton 9/15/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

704-453-1230

dotloop signature verification: dtlp.us/GnTJ-IKGh-FVbt

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. * (*Sign here*)** _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, **Geffrey B Miller, Deborah Y Miller**, am the legal owner(s) of the property located at **110 E Vista View Pl, Mooresville, NC 28117**, identified as

PIN (Parcel Identification Number) **4636333148**, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** **Bob Barton / Barton Building, LLC** _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Geffrey B Miller Jr. dotloop verified 09/17/19 2:27 PM EDT JPJV-BBE0-VSSE-SLBG | *Deborah Y Miller* dotloop verified 09/17/19 2:21 PM EDT LDIC-YFIL-XSAP-ATRF

Signature of Owner(s) _____ Date _____

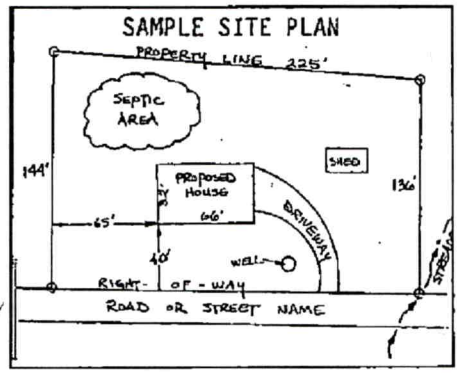
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

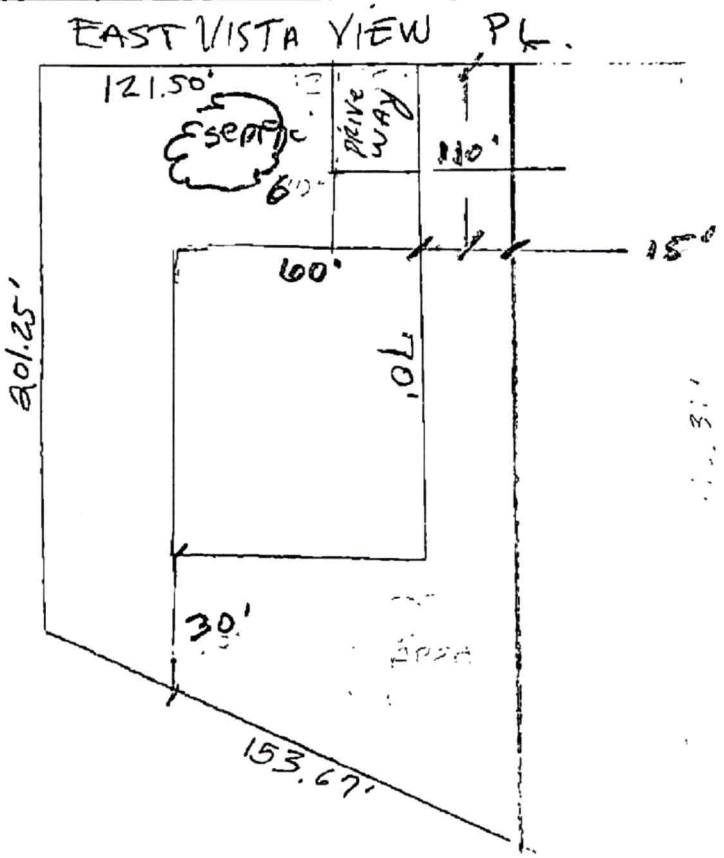
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

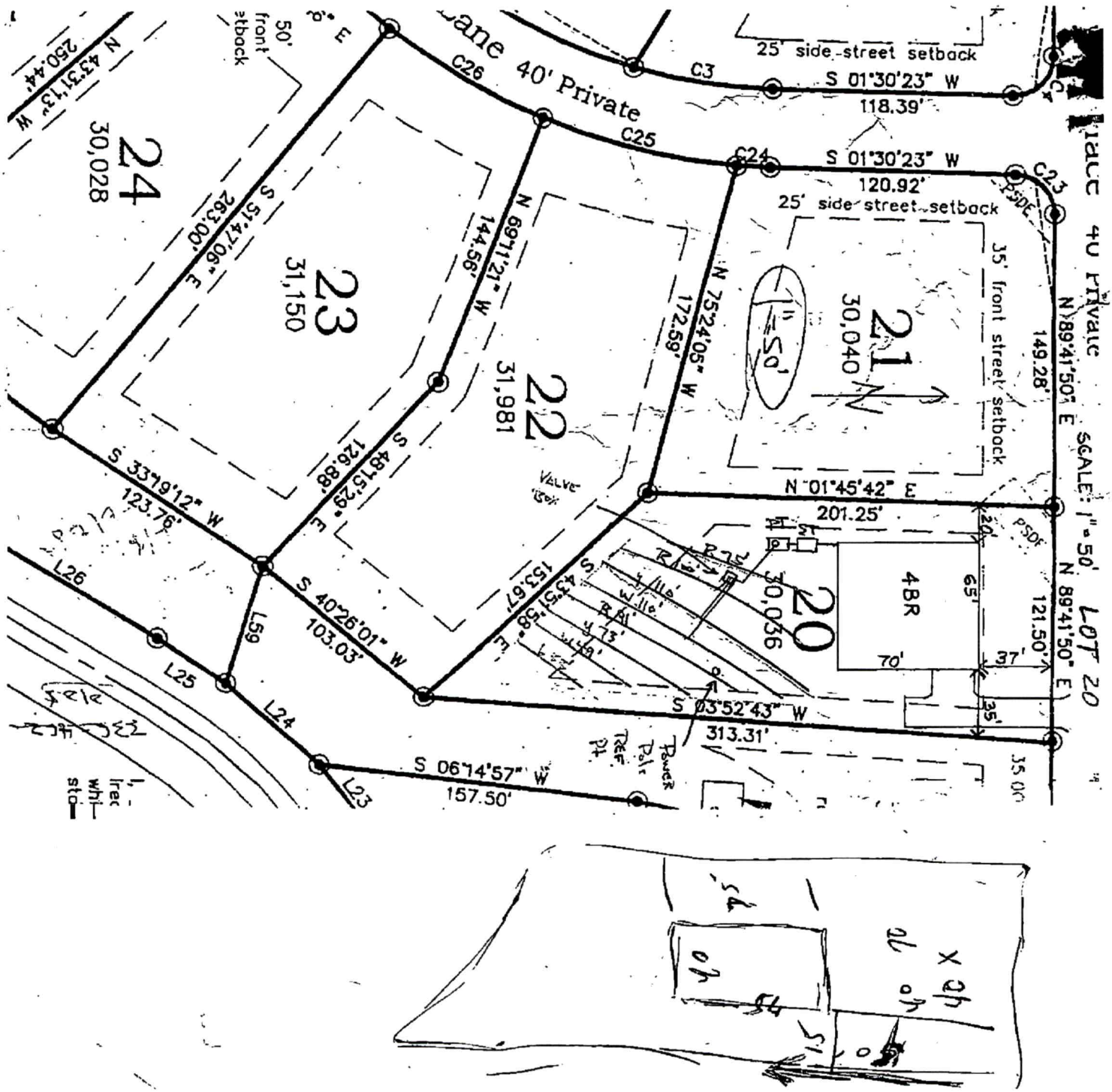
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

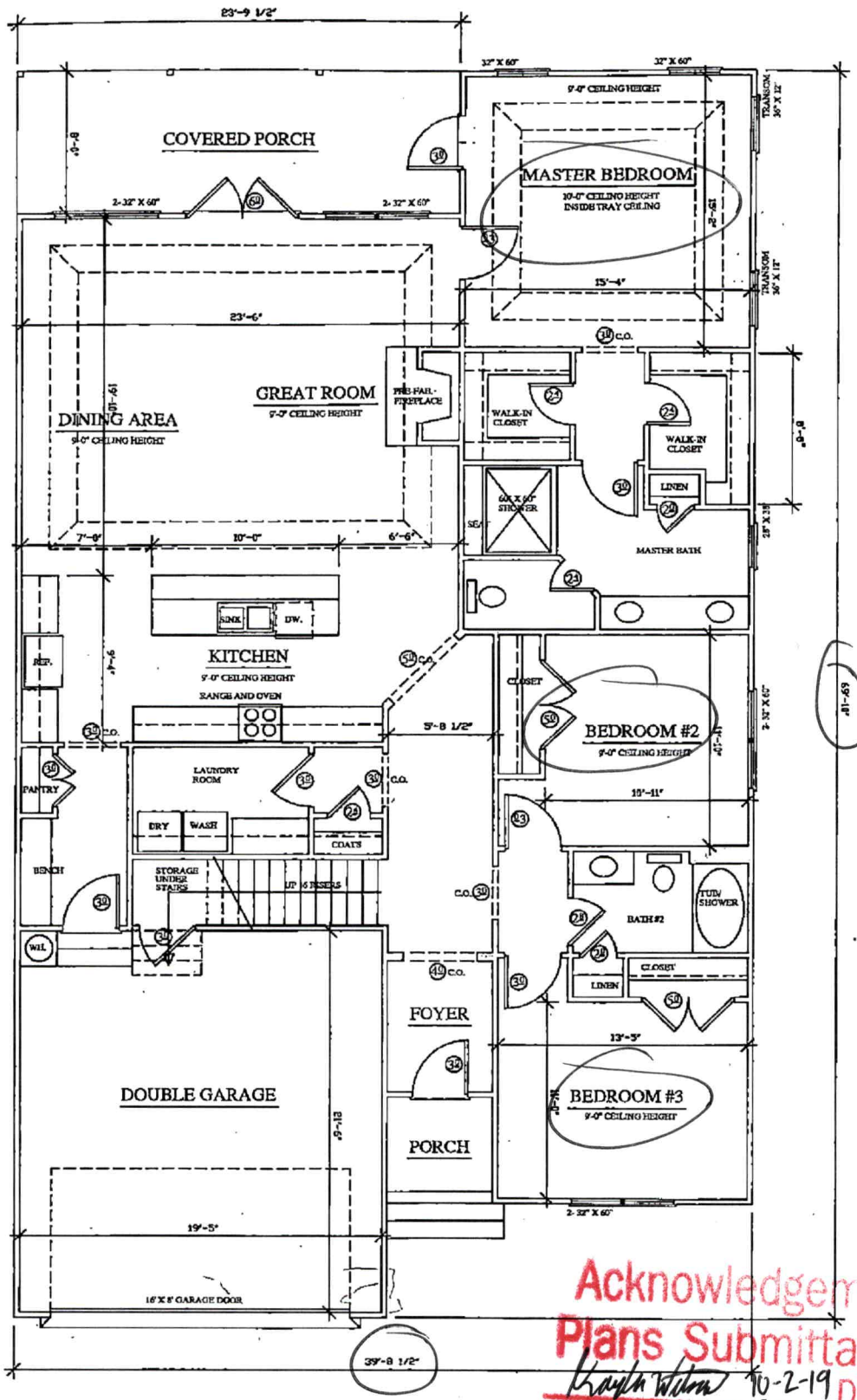


Signature: BoB Barton — 9/24/19

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IN OFFICE REDRAW
ACCEPTED
ALTERNATIVE
25% REDUCTION
CHAMBERS
3 BEDROOMS





FIRST FLOOR PLAN "C"

1988 SQ.FT.

Acknowledgement Of
Plans Submittal ONLY!

Kayla Watson 10-2-19
Date

Robert Barton
Date
9/24/19

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
203175
Issue Date: 09/25/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636333148.000	110 EAST VISTA VIEW PLACE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MIOP LLC	Applicant: BARTON BUILDING CONCEP
Address:	Address: 354 NORTHWEST DRIVE UNKNOWN MECKLENBURG, NC 28036
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID IN TRKIT MH

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	190929	TOTAL FEES:	$